

## National Metabolic Biochemistry Network

### Minutes of Stakeholder meeting held on 11<sup>th</sup> December 2006 at EEF Sheffield

<b>Present:</b>	Guy Besley	(GB)	Helena Kemp	(HK)
	Jim Bonham	(JB Chair)	Tim Lang	(TL)
	Ann Bowron	(AB)	Mary Anne Preece	(MAP)
	Jacqui Calvin	(JC)	Simon Olpin	(SO)
	Chris Chaloner	(CC)	Colin Samuel	(CS)
	Alan Cooper	(AC)	Barbara Waddell	(BW)
	Ying Foo	(YF)	Valerie Walker	(VW)
	Mick Henderson	(MH)		

#### ACTION

#### 1. Apologies

Fiona Carragher, Lesley Tetlow, Janet Stone, Paul Newland, Tony Fensom, Peter Galloway, Mori Pourfarzan, Mike Badminton, Stuart Moat, Philip Mayne, Jean Kirk, Anne Sheldrake, John Fyffe

#### 2. Minutes of Meeting held on 21.6.06

Agreed as correct.

#### 3. Matters Arising

##### 3.1 Strategies for monitoring protein restricted diets

This item is included within the feedback from the Aminoacid Working Group meeting - see 3.3 below

##### 3.2 Support for less specialist laboratories

This action remains outstanding JB to complete draft for the ACB News prepared by AB.

JB

##### 3.3 Requesting Guidelines for aminoacids and other issues

AB presented a follow-up report from the MetBioNet Amino Acid Working Group.

- Monitoring Patients with Metabolic disorders - It was agreed that this was likely be the subject of a forthcoming workshop.
- Article for ACB News - See 3.2 above.
- Guidelines - AB explained that two sources of analytical guidelines exist: ERNDIM, a narrow guideline relating to quantitative aminoacid analysis in plasma using cation exchange chromatography and the American College of Genetics, with more comprehensive guidelines. In addition there is a huge amount of EQA raw data available from the ERNDIM aminoacid scheme which may be able to guide method selection. MetBioNet has been offered access for analysis of this data. AB to plan the use of this data .

AB

- Aminoacid Profiles – **It was agreed** that some prioritisation process which may help establish a consensus on the relative importance of individual aminoacids could be undertaken by questionnaire within the UK.
- Reference ranges - There was a debate about the relative benefits /achievability of reference vs. normal range data for plasma aminoacid analysis. It was felt that both may be useful and certainly that some move towards the adoption of a UK agreed consensus reference range would be helpful. AB to consider and make recommendations about the way forward. Including a possible workshop.

AB

AB

### 3.4 Update on specialist Substrate availability

MP sent a written report indicating that:

- He has synthesised Biotin-6-aminoquinoline (the substrate for biotinidase flurometric rate assay, 1<sup>st</sup> on the list). This will be shortly available to the stakeholders.
- He has made some contacts with regards to custom synthesis for some of the other compounds but there hasn't been much progress yet. What has become evident is that because of the cost involved with custom synthesis we need to have a firm commitment from the requesting lab that they really want the compound. Obviously before arranging any such synthesis he will discuss the cost with the relevant lab(s).
- Shortly he will be writing to stakeholders to update the list and will update the website.

MP

MP

### 3.5 E-learning package

Revision of the initial draft prepared by Kim Bartlett is still outstanding. JB/MH to action.

JB/MH

### 3.6 Service provision for non lysosomal assays

This is back with YF's responsibility. YF will continue to explore other providers to ensure that alternative back-up arrangements are identified where needed.

YF

### 3.7 QA on the Website

JC confirmed that little had changed but she would update the web entry to include the minor modifications including the BCAA additions to the NEQAS Phe scheme.

JC

### 3.8 MPS scheme future

GB indicated that the current arrangements from Manchester may not be sustainable beyond 2007. The MPS scheme had approximately 40 participants but ERNDIM were unlikely to wish to provide a dedicated standalone scheme and NEQAS could not take it on without support. The general view was that a standalone scheme

(i.e. not part of the ERNDIM proficiency scheme) would be preferred. JB/GB to work together verify numbers in the both MPS and ERNDIM proficiency and then to reconsider the need for a standalone scheme.

JB/GB

### 3.9 Qualitative aminoacid scheme

Reporting via NEQAS of the 2006 sample is imminent (within a week) and Leeds have supplied enough sample for 2007 for 3 circulations. Finlay Mackenzie has agreed to circulate these according to an agreed schedule in 2007.

### 3.10 RCPATH bulletin

An article was submitted and published in the summer of 2006 describing the work of MetBioNet.

## 4. Reports/Liaison with Other Groups

### 4.1 UKGTN

There have been no further "whole group" meetings since the last Stakeholder meeting. MB has attended the "Laboratory membership and performance monitoring group" and has circulated a questionnaire.

### 4.2 UKNSLN

A meeting has been held to change the structure of UKNSLN and a modified constitution has been adopted. Paul Griffiths has taken IT responsibility and YF responsibility for audit. Don Bradley is leading the Dried Blood Spot Card initiative.

The annual meeting is scheduled for 1.3.07 and a master class for CF is planned. JC reminded stakeholders of the ISNS meeting to be held in Iceland on 10-12<sup>th</sup> June 2007.

### 4.3 Blood Spot Advisory Group

A new chair has been appointed but there has not been a meeting since the summer of 2006.

### 4.4 JCMG

The last meeting was held on 24.10.06 and JB outlined the Agenda drawing attention to the discussions relating to:

- Expensive drug therapies
- The HER2 testing regime
- The Publication of the Consent and Confidentiality in Genetic practice document
- The molecular genetic debate about newborn screening for CF
- The effects of the changes in research funding to Paediatric Research

#### 4.5 GenCAG

The group last met on 8.11.06 JB outlined the Agenda drawing attention to the discussions relating to:

- The consideration of new genetic tests to be included in the Gene Dossier
- The BRCA backlog
- The 3 year White paper review
- The quality marker report detailing turnaround times etc.

#### 4.6 RCPATH SAC for PPP

No report was received.

#### 4.7 SAC on Genetics and Embryology

GG sent a report (appendix 1), listing:

- The formation of a group to oversee non-invasive testing of maternal blood for foetal diagnosis.
- The JCMG report on the Human Tissue Act
- The problems with continuity of trainees and trainers for MetBioNet
- The review of roles for Scientists etc by the Chief Scientific Officer
- Funding for E-learning for Clinical Scientists

### 5. Commissioning Issues

#### 5.1 Networks

JB reported on the open meeting of 6<sup>th</sup> November held in Birmingham. He indicated that the emphasis was upon agreement about the standards of care to be achieved and the role of networks in achieving these standards rather than the geographic definition of the network configuration.

Consequently, the Strategic Advisory group meeting scheduled for 13<sup>th</sup> December would concentrate on Network function and Hilary Burton had drafted a paper for discussion which explained the likely make up of the proposed networks and described their functions as vehicles for co-ordination rather than delivery.

#### 5.2 A laboratory Specification

JB presented the proposed laboratory specification, which had been circulated electronically for comment. It basically sought to describe:

- The repertoire
- The Staffing
- The Equipment
- The process measures

There was a point-by-point discussion and the amended version accepted for submission to the SAG on 13.12.06 is attached (appendix 2).

## 6. Training and Education

### 6.1 Update

MH presented an update report (appendix 3) outlining:

- HST training
  - Annual assessment
  - Future trainers
  - Trainers
- Website Group
  - The MCAD case and related developments, MJH to consider approaching Roy Talbot who has useful power point material relating to acyl carnitine profiles.
  - Chromatogram library, it was agreed that this was a welcome development. JB to ask Rodney Pollitt to send additional TIC's for inclusion on the website
  - Case reports
- Biomedical Scientists training group, this was the subject a separate feedback presentation by BW outlining the valuable progress made by this group. The terms of reference were accepted and are attached (appendix 4).
- Annual Review meeting
- Metabolic map, copies were available for each of the Stakeholder labs
- MRCPATH, recent candidate successes were reported
- NICE guidelines.

MH

JB

## 7. Web Review

### 7.1 Website Update

JB asked for comments either directly or by Email, those offered directly included:

- Concerns about the inability to directly open guideline documents without saving them first
- Concerns that often and in several sites access to the Gold UK server seems problematic.

JB to report these problems to Neil Hamilton.

JB

### 7.2 Assay Directory

No report was available.

A question was raised about the Orphanet Directory. It was agreed that laboratories would only submit information to this commercially sponsored directory following an approach by Orphan to MetBioNet as a whole and then subsequent discussion.

All

## 8. Audit

### 8.1 Update

TL had undertaken an audit of practice related specifically to the investigation of Developmental delay but was willing to take on a wider brief on behalf of MetBioNet as audit lead.

TL

YF reported that the ammonia re-audit was nearing completion and it was agreed that she would report the results together with recommendations to the stakeholder group electronically. These recommendations could then be discussed with the BIMDG to form practice guidelines.

YF

## 9. Workforce planning

### 9.1 Update

CS presented the results of the 2005-6 survey (appendix 5). It was agreed that he would attend the workforce planning team meeting scheduled for January 2007 together with YF. The data presented would be those that were circulated with the last set of minutes.

CS/YF

## 10. Quality

### 10.1 QA Schemes

JC reported no new developments.

### 10.2 Qualitative aminoacid scheme

JB reported that this was back on track, see 3.9.

### 10.3 Aminoacid cognitive scheme

SK was recovering from a period of illness but intended to put the commentaries onto the NEQAS website next week and was confident that this new scheme would be operating normally next year, 2007.

## 11. Guidelines

### 11.1 Update

PN issued a written update as an Excel Spreadsheet (appendix 6). This was discussed, it was emphasised that preparation of guidelines was our "flagship" achievement and that the co-ordinator and those agreeing to prepare guidelines would need to be very proactive in this area.

PN/All

## 12. Network Issues

### 12.1 Finance

JB reported that around £70k remained in the MetBioNet funds and that at the current rate of use this would ensure viability for 4-5 years.

## ACTION

### 13. Meetings planned

#### 13.1 Quality day report

TL reported that the Belfast meeting in October had been well attended and had been very successful. TL would check that the presentations had appeared on the website

TL

#### 13.2 Future workshops

- B12 and propionate metabolism - MAP to organise in Spring 2007
- Intermediary Metabolites - JB/FC to organise following FC's return from maternity leave
- Pre natal diagnosis - AC/GG to organise in autumn of 2007
- Quality day - YF to organise in autumn of 2007

MAP

JB/FC

AC/GG  
YF

### 14. Any Other Business

#### 14.1 eGFR calculation and creatinine

PG sent an Email to the group suggesting that:

"A lot of work going on in adult biochemistry to generate estimated GFR (eGFR). Part of this involves correcting measured serum creatinines to an isotope dilution MS (ID-MS) equivalent result, using appropriate slope and intercept correction factors. The eGFR approach used in adults is not applicable to children but many of us use  $Ht / Pc$  multiplied by a factor to estimate GFR. However we are all using different creatinine methods, which particularly at the low levels seen in paediatrics, are subject to large variations.

I wondered whether, via MetBioNet, we might be able to address this issue so that we are all reporting ID-MS equivalent creatinines, which would give some degree of consistency across paediatrics and improve between-centre agreement on estimated GFRs. This may be of particular concern when, for example, comparing outcomes at different renal transplant centres. It is also in line with some of the Carter recommendations which are being widely discussed."

The feeling of the group was that this may be difficult to achieve and that MetBioNet, as primarily a metabolic, rather than Paediatric group might not be the best vehicle.

JB agreed to contact Paul Griffiths to discuss

JB

#### 14.2 Expressions of interest in joining the National IMD Board

JB invited expressions of interest in joining the National IMD Board either in person at the end of the meeting or by Email.

All

#### 14.3 Plasma Chitotriosidase

GG sent an Email, see below:

"Plasma chitotriosidase is elevated in conditions that give rise to macrophage activation. Since macrophage activation is a feature of some lysosomal storage diseases it has been used a non-specific "screen" to detect these disorders. However it may also be elevated in other non-metabolic conditions. This enzyme has been measured in many MetBioNet laboratories for a number of years. As a result within the Network there should be a substantial amount of data on reference values, the level of activity (elevated or normal) in patients subsequently proven to have a lysosomal storage disease and on patients who had elevated activity due to non-metabolic causes.

It is proposed that we ask the laboratories to audit their data, pool the information and report the results as a Network In this way we can determine the sensitivity and specificity of the test for different conditions which will prove a very useful aid to decision making when deciding test options on patients."

Those who offered this assay agreed to respond to GG request when made.

#### 15. Date and Time of Next Meeting

It was agreed that the preferred venue was Birmingham and MAP provided room availability matrices for 2007. JB agreed to identify two dates in late May and two in June and to canvass availability.

JB

The meeting closed at 3.30pm

## **Feedback on the meeting of the Special Advisory Committee on Genetics and Embryology at the Royal College of Pathologists, London 23/11/06**

This is a summary of the major points discussed at the meeting that have relevance to the Metabolic Biochemistry Network.

1. A group is to be set up to oversee non-invasive testing of maternal blood for foetal diagnosis. This is relative to Metbionet in terms of foetal sexing for sex-linked conditions.
2. The Joint Committee on Medical Genetics has produced a document giving guidelines on the Human Tissue Act from a genetic perspective. They are downloadable from the BSHG website (<http://www.bshg.org.uk/>). Of particular relevance to the Network are the following:-
  - i. Culture fibroblasts and extracted DNA do not come under the Act.
  - ii. Foetal tissue from a live or dead foetus is regarded as maternal tissue.
  - iii. I have asked for clarification as to whether post-mortem plasma and urine is covered by the Act. Currently the Act only appears to refer to material containing cells.
3. I explained the problems relating to existing and recurrent funding for trainees and trainers. Dr. John Corolla suggested that the Network enquire as to what money remains in the allocation for Genetic Trainers as this is currently undersubscribed.
4. Professor Sue Hill, Chief Scientific Officer has requested a review of roles for all Clinicians, Scientists, Biomedical Scientists and Non Registered Scientists in Healthcare. The committee will be involved in producing this for Clinical Scientists involved in Genetic Testing.
5. Funding has been provided for E-learning for Clinical Scientists in Haematology, Clinical Chemistry, Microbiology, Immunology and Histopathology. A committee will be formed to oversee this and I have been asked to sit on this committee on behalf of the SACG&E committee to advise on the genetics components of the e-learning packages.

George Gray  
Midlands Cluster Trainer in Inherited Metabolic Disease  
Clinical Chemistry  
Birmingham Children's Hospital, UK

# Laboratory Specification

The specification has been considered under the following headings:

- Test repertoire
  - Preliminary testing
  - Core tests
  - Specialised tests
- Equipment
- Staffing
- Process measures

## Test repertoire

Metabolic testing used in the detection and monitoring of patients with inherited metabolic disorders includes assays with a range of complexity and specialisation. These may be categorised as:

### *Preliminary Tests i.e. on site*

Glucose*	Calcium*
Lactate*	Blood gases*
Ammonia*	Porphyrin screening*
U/E's*	LFT's
Urate	CK
Urine reducing substances/dipstick tests and ketones	

These should be available on a same day basis and those indicated with an asterix should be available on a 24-hour basis in response to an urgent request. The assays can safely be performed in a CPA accredited District General Hospital or non-specialist Teaching Hospital.

### *Core metabolic tests*

Urinary organic acids\*  
Plasma, urine and CSF amino acids\*  
Dried blood spot and plasma acylcarnitine profile\*  
Galactosaemia screen\*  
Urinary orate\*  
Intermediary metabolites including lactate, free fatty acids and  $\beta$ -hydroxybutyrate  
Mucopolysaccharides screening & electrophoresis  
Biotinidase activity  
Total homocysteine  
Very long chain fatty acids

These tests could be offered in all Regional specialist laboratories. For assays marked with an asterix, results should be available within 24 hours in an urgent situation and 7 days/week arrangements should be available somewhere with the proposed network area.

### ***Specialist metabolic tests***

Mitochondrial studies including respiratory chain enzyme assay

Purine/pyrimidine analysis

Lysosomal enzyme analysis

Tests used in the investigation of:

- Carbohydrate deficient glycoprotein syndrome
- Cholesterol synthesis defects
- Creatine synthesis defects
- Peroxisomal disorders
- Glycogen storage disorders

Neurotransmitter analysis

Porphyrin analysis

Other non-lysosomal testing e.g. fatty acid oxidation defects and other disease specific enzyme assays

Quantitative metabolite testing where required for detection and monitoring e.g. trimethylaminuria, urinary methylmalonate and white cell cystine assay.

All networks should ensure that there are agreed plans for access to this more specialised testing where possible in CPA accredited laboratories within the UK. It may not be necessary to have these services available in each network but provision by at least two UK laboratories should be encouraged to provide robustness and peer group support. In general these tests are not required urgently with the exception of their use in prenatal diagnosis (enzyme or metabolite) and in some cases where a porphyrin disorder is suspected.

## **Laboratory requirements**

Two types of laboratories may be considered:

- Inborn error laboratories offering a fairly comprehensive service but which may also contain some SupraRegional specialist interests
- Specialist laboratories offering a narrower range of testing on a SupraRegional basis related to a particular area of interest, e.g. porphyrin analysis, respiratory chain enzyme analysis etc.

## **Laboratories offering a comprehensive service**

It is likely that laboratories offering a comprehensive service will typically service a population of >4m so that each network, depending upon size and configuration, may contain 3-5 participating laboratories. It would seem reasonable to ensure that a minimum of two are present in each network to provide mutual support and backup.

## **Equipment**

This should include:

- GCMS
- Automated amino acid analysis
- Tandem mass spectrometry
- HPLC
- Scanning spectrophotometer

The equipment should in general be no more than seven years old and fully supported by a preventative maintenance contract.

## **Staffing**

The service should be directed by a competent Chemical Pathologist or Consultant Biochemist with a specialist interest in inherited metabolic disorders supported by at least two Band 8 clinical scientists dedicated to the IMD service. The technical service should be led by a Band 8 Biomedical Scientist dedicated to this aspect of service provision with support from other staff appropriate to workload.

## **Process measures**

The laboratory should produce an annual report detailing:

- The services offered with monitoring of turnaround time
- The workload performed by assay
- The diagnoses made during the year
- Participation in EQA
- A summary of incident report and trends
- A summary of audit activity
- A summary of staff training and meeting attendance
- A summary of research activity

The laboratory should maintain CPA accreditation.

## **Specialist laboratory offering a narrower range of tests**

These should where possible be CPA accredited and should produce an annual report covering similar topics to those listed for laboratories offering a more comprehensive service.

## **Responsibility of Networks**

Each network should establish a laboratory lead. The responsibility of the network would include:

- Obtaining and collating annual reports from participating network laboratories
- Maintenance of contingency plans for continuity of the laboratory service in the event of equipment failure or staff sickness
- Ensuring that arrangements are in place for provision of an out of hours service for appropriate tests
- Participation in national workforce planning
- Ensuring the effective use of resources by encouraging rationalisation within the network area where this is appropriate
- Arranging and discussion of incidents and risk issues on an annual basis
- Arranging a forum to discuss quality issues including EQA
- Facilitation of training, audit and research within the network.

# National Metabolic Biochemistry Network (Biochemical Genetics)

## Summary of progress in the Training Initiative

### 1. HST training

#### a) Annual Assessment

Annual assessments for all the HSTs are taking place with the involvement of MetBioNet trainers.

#### b) Future Trainees

The funding to secure future trainees needs to be planned. Heads of Stakeholder laboratories need to begin planning a strategy to secure this funding from Trusts and WDCs.

#### c) Trainers

Kate Hall retired as a trainer in October. She was thanked by the Network for her contribution to the training programme.

Following local advertisement and interview Dr Philippa Goddard has been appointed to replace her.

### 2. Website group

#### d) The MCAD case and related developments.

A pilot version has been received and Jim Bonham and Mick Henderson have agreed to work on this.

#### e) Chromatogram library

Prof Rodney Pollitt has now produced three examples of organic acid chromatograms that are posted on the site and can readily be accessed, more will follow.

Philippa has agreed to initiate a similar resource with a collection of acyl carnitine chromatograms. She will liaise with Neil Dalton and Charles Turner who organise the ERNDIM scheme.

#### f) Case reports

George Gray has now been able to post three case reports that follow the template suggested.

### 3. Biomedical Scientist Training Group

This group is now very active and a full report on progress will be given by Ann Shelldrake.

#### 4. Annual Review Meeting

An annual review meeting for all trainers, supervisors and trainees is planned to take place on Tuesday 6<sup>th</sup> Feb in London.

#### 5. Metabolic map

The training group has collaborated with Donald Nicholson in reviewing the design of his Inborn Errors Metabolic Pathway chart. A new version has now been produced in printed form and will soon be available as a web based resource with links to OMIM. The MetBioNet training group is acknowledged as a contributor.

#### 6. MRCPATH

We continue to collaborate with the MRCPATH examination board to ensure that there is a metabolic component to the examination.

It is worthy of note that two more of the metabolic HSTs, Teresa Wu and Katherine Wright were successful in gaining part one MRCPATH this Autumn. Carys Lippiatt passed part two and so now has full membership. Congratulations to them. This is also an endorsement of the training scheme's twin aims of progress in not only paediatric metabolic laboratory medicine but also general clinical chemistry to MRCPATH standard.

#### 7. NICE guidelines

We have been invited to contribute to discussions that will lead to the production of guidelines for the assessment of the abused child.

Mick Henderson  
National Lead Trainer  
Monday, 11 December 2007  
[mick.henderson@lineone.net](mailto:mick.henderson@lineone.net)

**MetBioNet Biomedical Scientist Training Group**  
**Terms of Reference**  
**October 2006**

**Background**

The Paediatric and Metabolic Biochemistry Network was formed in October 2002 with funding from the Department of Health and is part of the NHS Genetics Services. More details of the group can be found on the home page of the Metbionet website, [www.metbio.net](http://www.metbio.net).

Dr Mick Henderson is the Lead Scientist for Training and Education and is supported by Local Trainers in Sheffield, Birmingham and London. They are responsible for the training programme for the Grade A pre-registration clinical scientist trainees and planning the delivery of higher specialist training in Metabolic Biochemistry in the UK.

The MetBionet BMS Training Group has been formed in recognition of the lack of infrastructure in the training and workforce development for Biomedical Scientists and MetBionet have given their full support.

**Aims**

To encourage and support training for Biomedical Scientists in Metabolic Biochemistry

To share expertise by networking, regular meetings and exchange visits

To organise technology based workshops and training courses

Establish technology based user groups

Organise BMS Study days

To be responsible for an area of the MetBioNet website dedicated to BMS staff

To work with the Institute of Biomedical Science in establishing formal postgraduate qualifications in Metabolic Biochemistry

To contribute to MetBioNet workforce planning in respect of BMS staff

**Membership**

The Committee will comprise a maximum of 12 representatives from stakeholder laboratories with four members as quorate. The 12 members will consist of:

Chair, approx. 2 years term of office

Deputy Chair, approx. 3 years term of office

Secretary, approx 1-year term of office

7 BMS representatives from Stakeholder laboratories

The other two places to be occupied by the Lead Training Officer and a Regional Training Officer. They will have honorary status with no voting rights.

**Meetings**

Two business meetings per annum, alternating between London and Birmingham

Annual General Meeting to which all, Head and BMS reps from Stakeholder Laboratories will be invited

Annual Conference for all Biomedical Scientists from Stakeholder laboratories.

**Reporting**

The Group will report to The Lead Trainer and the Lead Scientist for MetBioNet

# **National Metabolic Biochemistry Network**

**Workforce Survey  
2005 – 2006**

# Workforce Survey 2005-2006

	Circulation	Responses
Stakeholders:	18 (17)	16 (15)
Associates:	5 (5)	4* (4)

- Response rate 83% (86)
- Associates x1\*: staff groups n/a

# **Workforce Survey 2005-2006**

No significant changes in:

- Vacancies (as at March 31<sup>st</sup>)
- Maternity/paternity leave
- Early retirement plans

# Workforce Survey 2005-2006

	Clinical Scientist			BMS	
	WTE	H'count		WTE	H'Count
HST	10.8	11	Grade 1	56.5	64
B8-11	8	8	Grade 2	43.2	47
B12-16	18.5	20	Grade 3	14.5	17
B17+	29.8	37	Grade 4	2.9	4
C	16	18			
<b>Totals</b>	<b>83.1</b>	<b>94</b>		<b>117.1</b>	<b>132</b>

# Workforce Survey 2005-2006

## Vacancies (as wte) at 31.3.06

<i>Clinical Scientists</i>		<i>BMS</i>	
Grade B>7	1	Grade 1	1
		Grade 2	1
<i>MLA</i>	1		

- Some additional vacancies with rotating BMS staff

# Workforce Survey 2005-2006

## Total Maternity/Paternity Leave (wte/months)

1.1.05 – 31.3.06

*Clin Scientists*

Grade B    17

*BMS*

Grade 2    12

Grade 1    22

*MLA/A&C*

19

# Workforce Survey 2005-2006

## Early Retirement Plans

(F <60 y; M < 65y)

### *Clinical Scientists*

Grade C      2

Grade B      4

### *BMS*

Grade 2      1

# Workforce Survey 2005-2006

**Clin Sci (B17+ & C)**

**BMS (2/3/4)**

**≥55y**

31% (24)

14% (5)

**≥60y**

11% (12)

2% (2)

# Workforce Survey 2005-2006

## Additional Staff for Service Development (5yr)

### *Neonatal Screening*

Yes 11\*

No 1

N/A 7

(\*MCAD)

### *Paed/Metabolic*

Yes 15

No 4

# Workforce Survey 2005-2006

## Additional Staff for 5y Service Development (wte)

	<i>Screening</i>	<i>Paed/Metabolic</i>
Clin Scientists	5.5 (6.5)	16.5 (17.5)
BMS	14 (14)	13 (15.5)
Others	8 (n/a)	1.5 (n/a)

# Workforce Survey 2005-2006

## Total Workforce (WTE + vacancies)

Clin Scientists	84	(77)
BMS	119	(97)
Others (MTO/MLA/A&C)	52	(n/a)

# Survey for 2006-2007

- Utilise post-AFC staff gradings (DOH advice?)
- Continue to collate for other staff groups:  
MTO; MLA; A&C; Clinical Nurse Specialists; Medical ???
- What else?

Title	Author	Issue Date	Review Date	Volunteer reviewer	Correspondence	Additional Comments
Autism	Neil Dalton					
Developmental Delay	Peter Galloway	2nd Draft			Anne	Complete
Dysmorphology	George Gray and Guy Besley				Jun-06	Awaiting inof from Clin Genetics
Encephalopathy	Jim Bonham				Jun-06	Almost complete, requires Downsizing for Network
Fits and Seizures	Mick Henderson		Sep-06		Jun-06	Response awaited
Hyperammonaemia	Helen Losty		Jan-06		Jun-06	Response awaited (? Email address)
Hypoglycaemia	Helen Losty	Nov-04	Nov-06		Jun-06	Response awaited
IEM and Cardiomyopathy PM	Helena Kemp				Jun-06	Response awaited
IEM and Hydrops	George Gray and Mary Anee preece	Nov-06	Nov-08			complete
Lactic Acidosis	Jim Bonham				Jun-06	Almost complete
Liver dysfunction in the older child	Fiona Carragher				Jun-06	Response awaited
Metabolic autopsy (SUDI)	Mary Anne Preece				Jun-06	Response awaited

Prolonged Neonatal Jaundice	Philippa Goddard and David Isherwood		Jan-06	Philippa	Jun-06	Mid august completion date
Rhabdomyolysis	Jim Bonham and Simon Olpin	Jul-06	Jul-08		Anne	complete
Unexplained tubular function	Steve Krywawych					? Contact details
Unexplained Neurology in Adults	Guy Besley and George Gray				Jun-06	No progress to date Contacted Peter for update